



## International Society for Complementary Medicine Research

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### Newsletter Aim

The aim of the newsletter is to facilitate communication between members of the society, informing them about:

- The Society's strategies and future plans
- Future conferences
- Other similar networks
- Items of research interest and relevance to society members
- Items of political interest and relevance to society members.

### Newsletter Process

#### PROCESS

The newsletter will be produced quarterly and distributed electronically to all Society members.

The newsletter will be edited and run by an Executive or Board member with the help of a small editorial group.

Comments welcome

George Lewith: [g13@soton.ac.uk](mailto:g13@soton.ac.uk)



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## From The President

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This has been a time of consolidation for ISCMR. Under Marja Verhoef's leadership we've been able to build a small but effective organisation dedicated to the development of complementary medical research internationally. Probably our greatest strength has been our survival and the fact that we're economically viable. The future holds much exciting promise, particularly with the upcoming Edmonton conference and our planned sponsorship in conjunction with Dieter Melchart's group, (*in particular Wolfgang Weidenhammer, Klaus Linde*) for the Munich conference in May (11-13) 2007, there will be early booking discount for all ISCMR members.

Our aim at ISCMR is as always to develop our members as researchers and to facilitate communication between researchers on an international basis. We've continued to manage that agenda through our website and German conference will we hope be the first of many directly sponsored by ISCMR which will involve clear discount for all ISCMR members. We also hope to work with the consortium to make sure that firstly there is a co-operative research agenda, discussion between the two organisations and that there will be no conference clashes between Europe and the United States. As your executive we therefore hope to be able to represent you in a thoughtful and constructive manner within the international arena enabling a co-operative approach to the development of research in all its' many facets.

*George Lewith*  
*President*

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## PanAfrican Acupuncture project is invited into Malawi

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This U.S.-based charity has been providing acupuncture training in Uganda to health care workers attempting to deal with the onslaught of malaria, HIV and TB sufferers. The success of the program has led to an invitation from the government of Malawi to begin training in that country. Read more about this project at [www.panafricanacupuncture.org](http://www.panafricanacupuncture.org)

*Robert Scholten*

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## Some thoughts about the present situation in relation to CAM provision and research in Italy

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It's very clear that many elements within Italian public opinion wish to try and promote an integrative agenda as far as CAM and conventional medicine is concerned. Not only is this necessary from the point of view of patient demand, but it's also important in my view both economically and in terms of the adverse reactions that conventional medicines provide.

We have a substantial number of individuals who have immigrated to Italy particularly from the Balkans, Maghreb and the Near and Far East. They have complex needs and an entirely different perceptions of healthcare to the Italian public. We therefore need to begin to think about how we might design healthcare provision with this immigrant population very much in mind. There is also an urgent social demand for medicine to become human, produce less iatrogenic adverse reactions and provide patients with more accurate information. I personally have grave doubts about the reliability of much of the information that's published in conventional biomedical journals, as I believe they present a biased viewpoint and do not respect the right of an individuals' free choice with respect to conventional medical intervention. Studying how a disease occurs is no longer enough for a thoughtful conventional doctor.

Complementary Medicine shares the commitment to propagate and teach good health and by implication to develop an individuals balance with respect to their physical, spiritual and emotional health in combination with their social responsibility and an awareness of how that may impact on society. We clearly need more research but there appears to be a paradox in that academic medicine requires CAM to provide an evidence base without investing in appropriate or thoughtful research strategies. It may help to begin by elucidating the patient perceived benefits of Complementary Medicine. There seems to be a real lack of communication in Italy between patients and those providing healthcare with respect to Complementary Medicine and I and many others in Italy would very much like to see our national health services developing a thoughtful path that would lead us to an appropriate and considered integrated medical approach, primarily focused on individual need.

*Paolo Roberti MD,*  
*Coordinator of the Permanent Committee of*  
*Consensus and Coordination for CAM in Italy*  
[www.fondazionericci.it/comitato](http://www.fondazionericci.it/comitato)



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**ISCMR at the North American Research Conference on Complementary and Alternative  
Medicine: Edmonton, May 25-27 2006**

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As previously mentioned via a newsflash ISCMR will be presenting at Edmonton on **Thursday, May 25th from 2.00-4.30pm.**

The workshop will be presented by several ISCMR members including current and past Executive members: Cheryl Ritenbaugh, Charles Elder, Mikel Aickin, George Lewith, Marja Verhoef, Richard Hammerschlag, Vinjar Fonnebo and Mary Koithan.

The workshop abstract follows:

**Methodological Challenges in Whole Systems Research**

While most CAM research has focused on single modality interventions, CAM practitioners commonly prescribe holistic, multimodality therapies, operating from paradigms that may assume non-linear, non-local approaches to health/illness. NCCAM's 2005-2009 Strategic Plan emphasizes the importance of conducting Whole Systems Research (WSR). Specifically, NCCAM seeks to acquire a richer understanding of CAM whole medical systems and how they operate, document the benefits of some CAM whole medical system treatments for selected health conditions, and elucidate mechanisms underlying successful multimodal treatments used in CAM whole medical systems. Achievement of these goals within a WSR paradigm presents multiple challenges to current methodological approaches.

This session will provide an opportunity for dialogue about these challenges and exploration of diverse perspectives about methodologies appropriate for WSR. The first half of the session will highlight general themes salient to whole system studies. Panelists will review key differences between allopathic and CAM care, emphasizing the nature, and importance, of nonspecific treatment effects. Methodologic issues specific to WSR will be detailed from both quantitative and qualitative vantage points with a focus on model validity. WSR must consider unique dynamics such as the patient/practitioner interaction and individually tailored treatments, and quantitative strategies for coping with these challenges will be elucidated, along with novel approaches to

study design. Qualitative approaches to capturing patient centered outcomes will likewise be reviewed, emphasizing the role of patient expectations and beliefs in influencing outcomes, and strategies for capturing and describing that dynamic. Finally, the central role of the practitioner's perspective will be examined, as it may impact both conventional outcomes and nonspecific effects.

The second part of the session will review applications of these issues within specific CAM whole systems of care, emphasizing issues of special relevance to each system. Panelists will discuss WSR as applied to homeopathy, with a special focus on issues related to practitioner perspective. Application of WSR within Traditional Chinese Medicine will likewise be detailed, including approaches to managing the dynamic of dual CAM/allopathic diagnoses. Finally, a panelist will consider issues related to integrated medicine practitioners, e.g. what special considerations are introduced where the practitioner may have competence in both allopathic care and a CAM system?

Woven throughout the discussion will be unique and often divergent perspectives brought to these issues by both panelists and attendees of various national and professional backgrounds. This discussion will encourage progress and insight toward designing and conducting rigorous scientific WSR in keeping with the goals presented by NCCAM.

*For more program information and to register for this conference, please visit [www.imconsortium-conference2006.com](http://www.imconsortium-conference2006.com)*

**ISCMR Annual General Meeting**

Our AGM will take place during the conference on Friday May 26th 6.30-7.30pm in the Shaw Conference Centre, Salon 4. If you are at the Conference, please attend this meeting and help us plan for the coming years.



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## Much ado about nothing: The recent homeopathy debate - by *Harald Walach*

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Two simultaneously launched drum rolls have stirred the homeopathy community recently, both originating in tiny and otherwise rather marginal Switzerland, the Shang meta-analysis on the efficacy of homeopathy, and the political decision to remove complementary medicine, among them homeopathy, from public reimbursement<sup>1</sup>. They both came out of the Program for the Evaluation of Complementary Medicine (Programm Evaluation Komplementärmedizin – PEK; see <http://www.bag.admin.ch/kv/forschung/d/PEK.htm>). Several loudly heard and not always well advised voices have proclaimed the end of homeopathy as a consequence. What is the significance, the substance, and the political background music?

Let us start with the latter. Seven years ago, the then minister of health of Switzerland, Ruth Dreyfuss started an investigative programme evaluating five complementary therapies common to Switzerland and central Europe – homeopathy, Traditional Chinese Medicine, phytotherapy, anthroposophy and neural therapy – were to be reimbursed by public health insurance for an experimental period of seven years. During that time the national experiment should be evaluated scientifically and afterwards a decision made, based on scientific facts. What happened was the following: The societies representing the complementary therapies fought with the administration about what would constitute the necessary evidence; the battle took some years. Part and parcel of the problem certainly was that the administration in charge of organising the scientific evaluation was also the regulating body for all health affairs in Switzerland, which did not really help. Also, the agency in charge of setting up the scientific evaluation was not one of the well known players in the field so building trust and mutual respect took the better part of three years. That left only part of the time for the evaluation, which had to be reduced further because of more time-consuming consensus processes and the negative approach of the ethics committee in charge.

What came out in the end was a series of really substantial health technology assessment reviews that are publicly available, at the moment only in German (a shortened English version is planned as a supplement to *Forschende Komplementärmedizin* and available over the internet; <http://content.karger.com/ProdukteDB/produkte.asp?Aktion=JournalHome&ProduktNr=224242>), some interesting documentation surveys, and barely parts of the longitudinal observations, plus an economic evaluation, which has not been released by the administration. The Shang-meta-analysis is one of the

products of PEK (downloadable from the PEK-website, see previous).

Now an interesting detail of this process has been completely overlooked. When the PEK process ran into its final year the political responsibilities changed. Ruth Dreyfuss retired, and the interior portfolio changed hands from Social-democratic Dreyfuss to Liberal Pascal Couchepin. Couchepin had made no secret of his general distrust of complementary medicine, his belief that public spending for health should be reduced considerably, and that all CAM should be paid for privately. Interestingly enough he has good relationships with one of the major French assurance-businesses, which was one of the first to offer a comprehensive private insurance pack for CAM after the decision. Some of the CAM societies tried to ride the political wave, somewhat clumsily, and leaked data to the public before the official process ended. Apparently, the economic data showed that CAM was not only not more expensive, as had been predicted, but cost-saving as well as being equally clinically effective as conventional care. The Societies used this information to produce more public pressure. This appeared to be a welcome reason for the administration to lock up all data for public discussion before they made their decision. The scientific review board was not reconvened for a final discussion. No public discussion was commissioned, encouraged or allowed. The report sat on the desk of Pascal Couchepin in one single, secret version. The decision, which was prepared weeks ahead with a clever publicity campaign, was negative. No one was surprised, but many disappointed. Some guessed that this was only the beginning, and CAM was just a minor and small test-case for public disengagement in other, more economically relevant branches of the health sector in a political agenda to dismantle public health care to the bare bones of the really necessary care and leave the rest to private insurance policies. Although a lot of the money earmarked for PEK was not spent, the researchers had their contracts cut, the final publication had to be guaranteed by their own – privately paid – commitments. The final evaluation of the economic data was stopped, and no satisfactory end to this complex process has been reached.

As a very brief summary it should be noted that the PEK process in Switzerland was not primarily founded on data, as was suggested by some ill informed comments, but was a completely political decision that would have had the same end result, data or no data, positive or negative data.

The Shang-analysis is part of this process, and a



separate product. It was funded by PEK and also used as a political instrument. While the PEK-authors leaked information from the analysis through scientific abstracts followed by interviews to the public, the same leaking of information from CAM societies was chastised. While the leakage of the Shang-analysis was used as a propaganda instrument, and as far as I know never had any adverse effects on the group, the leakage of information from CAM quarters led to a complete blocking of all information for public access.

The scientific merits and defects of the analysis have been widely debated following publication, and I do not want to repeat it<sup>2,3</sup>. However, one element should be pointed out. Granted that the Shang-analysis was well done, that it used valid comparisons, and it included not only internally but also externally valid studies – all of which can be debated: what is the precise information we get out of the analysis? The unsurprising result would be that homeopathy and placebo are not distinguishable. Case closed, let's turn to more interesting issues, one would think, should we not? But it's not that easy. What does it mean, if we say: "Something is equally effective as placebo"? Does it mean it is effective, but not much? Does it mean it is ineffective? Does it mean we do not really know anything about its effect? What precisely does it mean? We do not know, and this is the central problem! It is like an algebraic equation where we say:  $x = y$ , thinking we have now explained what  $x$  is in terms of  $y$ . But, alas, we do not have a clue, what  $y$  means, how big it is, how good it is, how much it costs etc, etc.

The real problem only starts appearing. We know from many studies that treatment effects in placebo groups can be large. We also know that treatment effects in placebo groups in CAM studies are sometimes as large as treatment effects of conventional and validated treatments (see the NIH Hypericum study<sup>4</sup>, the German acupuncture trials<sup>5,6</sup>, <http://www.gerac.de>). Should we conclude that these conventional treatments are placebo, hence useless? Clearly, we have a paradox here, which needs explaining. Perhaps we should start thinking about what actually constitutes this placebo effect? Perhaps we should start with reconsidering the terminology and call it meaning or a self-healing response? Once we do that, we may discover: the comparison between supposedly effective interventions and placebos is a much cherished but problematic comparison extrapolated from the pharmacological model of intervention to all other treatments. In politics such an attitude is called "colonisation" and very politically incorrect. I fail to understand how people don't see and understand this, I must confess. My response would be and has been for some time: Let us unpack

and open this dustbin called "placebo" and understand what it contains. Unless we do, any statement equating something to placebo is pseudo-scientific and of limited value.

One final thought: Patients normally do not care whether they are healed by specific effects, non-specific effects, witchcraft, good luck or accident, as long as they have benefits from safe treatments. The challenge is to understand how supposedly rationally and economically active individuals would still be willing to pay privately for something they are, scientifically speaking, not supposed to have benefit from, which is not offering them anything apart from factors they can get with any and every treatment. This seems quite irrational in the face of our scientific understanding. Take your pick: either these people are all easy to impress and prone to deception, or our scientific understanding is not quite as complete as we would like to believe. Looking into history tells us that all verdicts relying on the truthfulness and completeness of scientific knowledge have been premature. So my guess is, rather than closing the files, they are opened by this data. What we really need to understand is how healing happens, and how it can be triggered without interfering too much with a normally well-balanced system. That is, what homeopathy purports to do and what sometimes can be achieved by psychological interventions. What does some mysterious substance called placebo seem to achieve? The question is: how does all this occur? After all the noise about nothing, we still do not have a clue. And this is why we have to start thinking about homeopathy and placebo, not stop thinking.

1. Shang A, Huwiler-Münteler K, Nartey L, et al. Are the clinical effects of homeopathy placebo effects? Comparative study of placebo-controlled trials of homeopathy and allopathy. *Lancet* 2005;**366**:726-732.
2. Walach H, Jonas W, Lewith G. Letter to the Editor: Are the clinical effects of homeopathy placebo effects? Comparative study of placebo-controlled trials of homeopathy and allopathy. *Lancet* 2005;**366**:2081.
3. Fisher P, Bell IR, Belon P, et al. Letter to the Editor: Are the clinical effects of homeopathy placebo effects? *Lancet* 2005;**366**:2082.
4. Shelton RC, Keller MB, Gelenberg A, et al. Effectiveness of St. John's Wort in major depression. A randomized controlled trial. *Journal of the American Medical Association* 2001;**285**:1978-1986.
5. Witt C, Brinkhaus B, Jena S, et al. Acupuncture in patients with osteoarthritis of the knee: a randomised trial. *Lancet* 2005;**366**:136-143.
6. Linde K, Streng A, Jürgens S, et al. Acupuncture for patients with migraine: A randomized controlled trial. *Journal of the American Medical Association* 2005;**293**:2118-2125.



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## Book Review – History of American Homeopathy the Academic Years, 1820-1935

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John Haller author of several books charting the history of medicine in nineteenth century America turns his attention to the rise and fall of American Homeopathy. Over the course of the nine chapters the reader can explore a thorough analysis of all aspects of American Homeopathy. Chapter one opens with the reminder of Hahnemann's early emphasis on the law of similars, until the gradual separation of Homeopathy between the founder and its ardent supporters in the 1830's.

Haller records that despite significant oppression from the orthodox medical profession, homeopathy thrived so that by 1900 there were some 22 homeopathic medical schools in the United States. Haller takes both a social and economic perspective in his exploration of the emergence and growth of homeopathy in America. He considers the several factors which contributed to the growth and spread of homeopathy from the cholera pandemics of 1832 and 1949 and the subsequent migration of regular doctors to the New School reform along with others who exploited the failure of regular medicine to provide an effective treatment.

Haller goes on to acknowledge that the French translation of Gottlieb Jahr's *Manual of Homeopathic Medicine* acted as a precursor to English translations which consequently connected American homeopaths to their European counterparts. Ultimately Haller endorses J F Kett's explanation that the appeal of homeopathy in America was due to Hahnemann's metaphysical view of mind and spirit following disillusionment with eighteenth century empiricism.

As Haller documents on the one hand a burgeoning growth for homeopathy in America where the public perception is one of effectiveness, there is also a bitter war of words rages between allopathic and homeopathic practitioners. Later chapters narrate the formation of what would become the American Medical Association, and its early proposal that all applicants to medical school be required to present a letter of recommendation from a 'regular' medical practitioner not that of a homeopath even if he should possess the degree of MD. Thus the AMA soon accumulated enough political power to have most competing branches of medicine eliminated. For Haller it is the final transformation of orthodox medicine into biomedicine that dealt the final blow for homeopathy in America.

Over the course of the nine chapters Haller offers the reader both thorough social and economic reasons for the growth and development of homeopathy and the transformation of orthodox medicine into biomedicine which led to the demise of American homeopathy.

*Philippa Wheeler*

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## Financial & Membership Update 02-15-06

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Hello ISCMR Members. For this newsletter I wanted to alert you to a new option for renewing your membership in PayPal, automatic renewal! Automatic renewal allows you to designate if you automatically want to renew your ISCMR membership in coming years automatically. We understand that with busy professional schedules, changing emails and work locations that you may not have the time to renew your membership or our renewal notices may never reach you. The automatic renewal still gives you the option not to renew or to change any payment or contact information. We hope this addition will help to streamline our membership services.

It has also come to our attention that in certain countries PayPal has either limited services or is entirely unavailable. If you are living in a country that does not accept PayPal we are more than glad to accept check or credit card memberships sent to us at 715 E. Huron St., Suite 1W, Ann Arbor, MI 48104, ATTN: Suzanna M. Zick. Please, remember to send check, money orders or credit card information with a completed membership form and if check or money order in US dollars. If you have any questions about what services PayPal offers in your country either enquire at the PayPal website ([www.paypal.com](http://www.paypal.com)) or contact Alexis Zirpoli 734-998-0028 for clarification.

As of February, 1<sup>st</sup> 2006 we have 125 members. This number is down from 136 three months ago. This decrease does not reflect fewer new members but instead fewer people renewing their memberships. We hope that the changes with PayPal and a visible presence at the 2006 Edmonton conference will help to increase our numbers. We also rely on you and your connections to colleagues to help spread the benefits of ISCMR membership. Consequently, please let us know of upcoming local conferences and meetings and we can supply you with ISCMR informational material to hand-out and "talk-us-up".

The amount we have in our bank account continues to be steady at around \$9,400. We do have one major expense of around \$3,000 that is not reflected in the figure above for website maintenance and updates. If you have any suggestions for either fundraising or ways we can spend our money to improve your membership in ISCMR please let us know!

As always it is a pleasure to serve as your treasurer.

*Suzanna Zick*



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## Annual IN-CAM Symposium: Toronto, November 2005

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The Canadian Interdisciplinary Network for CAM Research (IN-CAM) is an interdisciplinary collaborative CAM research network in Canada, established early 2003 by Dr. Heather Boon and myself. Our goal is to foster excellence in CAM research and to build research capacity. We aim at providing a supportive environment, including training and mentorship opportunities for students, practitioners and new researchers, in addition to developing a coherent research program. As the CAM community in Canada is relatively small while the country is so large, it is of great importance that we build a strong research community to ensure productive and expanding collaborative relationships internationally.

Our Annual Symposium provides an opportunity for CAM researchers, practitioners and students to network with others in the field and to share ideas, discuss projects and form teams and relationships. As an example, many students have found supervisors and vice versa. Usually about 130 people or more attend these meetings. On the evaluation forms delegates have noted:

*“The most important impact IN-CAM has on me is the opportunity to network, and coming to the meetings and meeting people who are working and struggling with CAM research, producing their results and presenting. It has been very inspiring because I go back home with new ideas and new energy, but also meeting people to collaborate with.”* And

*“Particularly for students I found it very helpful to meet with other students in such a specific area.*

*There was a graduate student luncheon, which I thought was a great idea, and I hope they continue to do that for the benefit of future students. I have met some interesting and well-informed people and have made great contacts to help with my research questions and to learn from”.*

The program includes poster and oral research presentations, various workshops and keynote speakers. In keeping with our research priorities, our sessions usually cover methodological issues, health services and policy research and issues around CAM decision-making and knowledge transfer. While IN-CAM provides a safe environment for *all* participants to present, we also invite excellent world-renowned keynote speakers. At the last meeting, George Lewith and Cheryl Ritenbaugh presented insightful and stimulating talks on issues related to whole systems research. Not only did our keynote speakers present, they mingled with the delegates and were willing to answer questions. George was seen during a lunch hour reviewing and discussing a grant proposal with a participant. This combination of research excellence and providing the opportunity to learn at a very basic level in an egalitarian environment, is truly inspiring and can only happen when people are committed to developing high quality CAM research.

*Our next Annual Symposium will be in Calgary, Canada, November 4-5, 2006!*

[www.incamresearch.ca](http://www.incamresearch.ca)

*Marja Verhoef*



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## Neurobiological Correlates of Acupuncture

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The Neurobiological Correlates of Acupuncture Meeting took place on 17<sup>th</sup> & 18<sup>th</sup> November 2005. The details of the sessions and speakers follow, the emphasis was on developing a strategic approach to imaging and acupuncture. Abstract and details of the programme can be obtained directly from Nancy Pearson (Email: [pearsonn@mail.nih.gov](mailto:pearsonn@mail.nih.gov)).

### Thursday November 17 2005

#### *Session 1: The Physiology of Acupuncture*

*Speakers:*

**Ji-Sheng Han** – The essence of acupuncture treatment: consolidation of homeostasis.  
Neuroscience Research Institute, Peking University, Beijing, China and the Center for Alternative Medicine, McLean Hospital, Harvard Medical School, Boston, MA, USA.

**John Longhurst**

Department of Medicine, University of California.

**Helene Langevin** – Meridians, connective tissue and nervous system: How does the puzzle fit?  
Department of Neurology, University of Vermont.

#### *Session 2: Acupuncture Neuroimaging: Placebo and Sham*

*Speakers:*

**Ted Kaptchuk** – The placebo issue in acupuncture research: interface of two paradigms.  
Harvard Medical School, Boston, Massachusetts.

**Todd Parrish**

Center for Advanced MRI (CAMRI) and MR Neuroimaging Research Department of Radiology, Northwestern University, Chicago, Illinois.

**Peter White**

School of Health Professions and Rehabilitation Sciences, University of Southampton.

### Friday November 18 2005

#### *Session 3: Acupuncture Neuroimaging: Basic Research*

*Speakers:*

**Zang-Hee Cho** – Neural substrates, experimental evidences and functional hypothesis of Acupuncture mechanisms.  
Department of Radiological Sciences, University of California, Irvine, USA.

**Kathleen Hui** – The integrated response of the cerebro-cerebellar and limbic systems to acupuncture as evidenced by fMRI.  
Department of Radiology, Massachusetts General Hospital & Harvard Medical School, Boston.

**John Farrar** – Neuro Imaging of the brain in pain.  
Univeristy of Pennsylvania.

#### *Session 4: Acupuncture Neuroimaging: Translational/ Clinical Research*

*Speakers:*

**Vitaly Napadow**

Department of Radiology, Massachusetts General Hospital.

**Judith Schaechter** – Effect of acupuncture on sensorimotor function and brain activation in stroke patients.  
Massachusetts General Hospital.

**Richard Harris** – Neural Imaging of pain and its modulation by acupuncture.  
Chronic Pain and Fatigue Research Center, University of Michigan.

*Program Officer: Nancy Pearson, Division of Extramural Research and Training, NCCAM/NIH Bethesda MD. Email: [pearsonn@mail.nih.gov](mailto:pearsonn@mail.nih.gov)*



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## Getting to know our Board of Directors & Executive

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**George Lewith**, current President of ISCMR and honorary board member. George has been involved in Complementary Medical Research since 1979, he has published mainly in the fields of acupuncture, herbal medicine and homeopathy, evaluating a whole range of illnesses in particular respiratory diseases, arthritis and pain. He spends 50% of the week in clinical practice and the other 50% of the week involved in research, his research is based in the department of Primary Care at the University of Southampton. He has been involved in a number of UK and international initiatives in relation to complementary medical research in both the UK, US and with the World Health Organisation.

**Mary Koithan**, PhD, RN currently serves as Secretary of ISCMR. She is the Director of Curriculum and Evaluation for the College of Nursing and the Coordinator of Educational Research and Evaluation for the Program in Integrative Medicine, College of Medicine at the University of Arizona in Tucson. She received her BSN from the University of Cincinnati in 1978 and her PhD from the University of Colorado in 1994. She has been interested in holistic healing practices and theory development since 1986, focusing primarily on the application of unitary-transformative models of health promotion and healing in chronically ill populations, including persons with HIV/AIDS, cancer and autoimmune conditions. A qualitative methodologist, she has just completed a study funded by NIH/NCCAM about the homeopathic healing with Dr. Iris Bell in the US and is involved in additional international initiatives to explore whole systems healing and transformative healing experiences.

**Harald Walach**, Ph.D., is a research professor at the University of Northampton and the head of the European branch of the Samuelli Institute™ (SIIB). He is looking back on a long career of the study, research and teaching of CAM research methods, philosophy of science, clinical psychology and transpersonal psychology. Harald is considered as one of the most distinguished European researchers in the field of CAM, his main interest focused on the importance of non-specific and placebo effects. In 1990 he obtained a Ph.D. in Clinical Psychology at the University of Bale with a homeopathic remedy proving, followed in 1995 by a further Ph.D. thesis in Philosophy and History of Science at the University of Vienna on "Notitia Experimentalis Dei – Experiential Knowledge of God. Studies of Hugh of Balmas Text 'Viae Sion lugent'". In 1998 Harald

obtained habilitation at Freiburg University with his thesis on the importance of non-specific effects of therapy at the example of homeopathy. He is also the editor of the CAM research journal *Forschende Komplementärmedizin und Klassische Naturheilkunde – Research in Complementary and Classical Natural Medicine*.

**Dr Suzanna M. Zick** received her bachelor degree in biology and anthropology from Wayne State University in Detroit, Michigan. She then pursued a master's degree in medical anthropology from Michigan State University before moving to Portland, Oregon where she received her naturopathic degree from the National College of Naturopathic Medicine. Dr. Zick also has received her Masters of Public Health in epidemiology from the University of Michigan. She started practicing naturopathy including herbalism in Ann Arbor in 1997 before helping to found the Complementary and Alternative Medicine Research Center at the University of Michigan. Dr. Zick's research interests include epidemiological, preclinical and clinical trials investigating botanical medicines and Diet for cancer prevention, control and treatment. She was a co-principal investigator on a recently completed clinical trial examining the effects of hawthorn for individuals with congestive heart failure. Dr. Zick is currently examining the effect of several doses of ginger on chemotherapy-induced nausea and vomiting. She has just completed work on a retrospective cohort trial in Ontarian breast cancer survivors looking at the effect on quality of life and tumor reoccurrence in women using an herbal compound called Essiac. Dr. Zick is also beginning to examine the ability of licorice and ginger to prevent colorectal cancer. She is our much esteemed treasurer and membership secretary who has worked unthinkingly for ISCMR over the last three years.

**Heather Boon**, BScPhm, PhD is an Assistant Professor in the Leslie Dan Faculty of Pharmacy and a CIHR New Investigator. In addition, Dr. Boon is cross-appointed to the Department of Family and Community Medicine and the Department of Health Policy, Management and Evaluation, both in the Faculty of Medicine, University of Toronto. She was originally trained as a pharmacist, completed a PhD in medical sociology (U of T) and a Post-doctoral Fellowship in Centre for Studies in Family Medicine (UWO). Dr. Boon is one of the Founding Chairs and Principal Investigators of the Canadian Interdisciplinary Network for CAM Research which recently received five years of funding from the Canadian Institutes of Health and



the Natural Health Products Directorate (Health Canada). She is also a member of Health Canada's Expert Advisory Committee for Natural Health Products. She has published numerous peer-reviewed articles and book chapters on complementary/alternative medicine and is co-author of the text: [A Complete Natural Medicine Guide to the 50 Most Common Herbs: A Botanical Pharmacy](#). Her primary research interests are patients' use of complementary/alternative medicine, the safety and efficacy of natural health products and complementary/alternative medicine regulation and policy issues. Her current research focuses on exploring how complementary/alternative medicine is (or is not) being integrated with the Canadian health care system and the implementation and impact of the federal natural health product regulations.

**Vinjar Fønnebø** is director of the National Research Center in Complementary and Alternative Medicine (NAFKAM) and professor of Preventive Medicine at the University of Tromsø, Norway. NAFKAM ([www.nafkam.no](http://www.nafkam.no)), funded by the Norwegian government, is the leading research institution in Norway in the area of complementary and alternative medicine (CAM). NAFKAM has international partners in several parts of the world. The research consists of:

1. A register over "exceptional course of disease" cases after use of CAM
2. The ACUFLASH study (A randomized clinical trial of acupuncture treatment of hot flashes).
3. The Natto study (A randomized, double-blind placebo-controlled trial of Natto supplementation and bone mass).
4. Studies on the integration of CAM and conventional medicine at a university hospital level.
5. A qualitative study of the "exceptional" patient in the middle of two clinical worlds.

The research center is also responsible for the Norwegian contribution to the agreement between China and Norway in the area of TCM.

Fønnebø is 53 years old, married to Liv, a father of four, and a grandfather of four. He enjoys travelling and spending time with family when he is not at work.

**Dr Moshe Frenkel**, MD is an Associate Professor of Family Medicine at the University of Texas Medical Branch (UTMB) in Galveston Texas. He received his MD degree in 1980 from Sackler School of Medicine in Tel Aviv University in Israel and completed a Family Practice Residency, in Brookhaven Memorial Hospital, in Patchogue NY. Since then has been Board Certified in Family Medicine, acted as a Co Founder of the

Complementary and Traditional Medicine Unit in the Department of Family Medicine in the Rappaport School of Medicine at the Technion in Haifa, Israel and practiced as a family physician in Santa Fe NM and rural communities in Israel until 2003 when he joined The Department of Family Medicine- CAM Education Project at UTMB. A project that was supported by the National Institutes of Health (NIH) grant to develop curriculum in complementary and integrative therapies that are evidence based, in the medical school, nursing and allied health sciences.

**Elizabeth Lew** RN, Ba Economics Managing Director Epichealth, Elizabeth has worked for many years in the area of health systems research and change management. She was involved in the project development and implementation of the 1<sup>st</sup> and 2<sup>nd</sup> round of Coordinated Care Trials in Australia. This involved development of systems and strategies in the areas of capitation rates for coordinated healthcare i.e. funding mechanisms that incorporate primary, secondary and tertiary care for clients with chronic healthcare needs, information technology, marketing, strategic analysis, development of integrated assessment and care planning tools and training processes to support same. Elizabeth was recommended by the Department of Human Services and Department of Health and Aged Care to participate in Study Tour to the United States which involved information exchange re Chronic Health Care provision in the Australian and US systems. Elizabeth's primary interest is the development of integrated health care systems which incorporate conventional, complementary and integrated care whilst providing quality bio-psychosocial preventative and chronic health care. Elizabeth has undertaken privately funded research for the past 2 years into Models of Integrative Care; this research has led to the establishment of Epichealth Pty. Ltd. The first clinic, will open in Melbourne in 2006. A percentage of revenue will be utilised to fund ongoing research in the area of bio-psychosocial health and wellbeing.

**Dr Max Pittler** is a physician and deputy director of Complementary Medicine at the Peninsula Medical School of the Universities of Exeter and Plymouth. His main research interests are the clinical efficacy and safety of herbal and non-herbal dietary supplements. He holds an MD in Applied Physiology and Balneology from the University of Freiburg, Germany and a PhD in Medical Sciences from the Universities of Exeter and Plymouth, UK. His career has included previous employment at the University of Freiburg teaching hospital in Lörrach, Germany and at the Institute of Applied Physiology and



Balneology, University of Freiburg. Dr Pittler is an associate editor of the review journal FACT - Focus on Alternative and Complementary Therapies and Co-editor of the Desktop Guide to Complementary and Alternative Medicine. He is on the Board of Directors of the International Society for Complementary Medicine Research.

**Professor Nicola Robinson** PhD BSc LicAc HonMFPHM MITL Professor of Complementary Medicine and Head of the Centre for Complementary Healthcare and Integrated Medicine (CCHIM). Professor Nicola Robinson is Head of the Centre of Complementary Healthcare and Integrated Medicine (CCHIM) at Thames Valley University. She has a BSc(Hons) in Biological Sciences, Leicester University. Her PhD, Manchester University was in immunology. Prior to joining TVU she was Consultant Epidemiologist for Brent and Harrow Health Authority and Honorary Senior lecturer in Primary Healthcare, University College London. She was awarded an RD Lawrence Fellowship in 1985 and is an Honorary Member of the Faculty of Public Health Medicine.

Nicola is an acupuncturist and currently chairs the British Acupuncture Council Research Committee. In 2004, she was awarded a Winston Churchill Travelling Fellowship to visit China. As independent Chair of the General Naturopathic Council she is involved with regulation work in conjunction with the Prince of Wales Foundation for Integrated Health. She is on the International Advisory Board for Complementary Therapies in Clinical Practice and an associate editor and a member of the NHS National Library of Health: Complementary and Alternative Medicine Specialist Library. Nicola has conducted various research projects, written many scientific articles in peer reviewed journals, prepared scientific reports and presented research at local, national and international conferences. She has had considerable research experience in public health covering a wide range of subject arenas and currently supervises 7 PhD students.

**Mr Robert Scholten** began his career in 1997 at the Center for Alternative Medicine Research as a data specialist and librarian. In 2001 he assumed the position of Information Architect for the Osher Institute. In addition to managing the Institute's considerable information resources, he is also webmaster. He is also staff administrator for the Institute's education initiatives and grants manager for its botanical studies. He holds a Masters of Library Science degree from the University of Tennessee and came to Beth Israel Hospital originally to work with at its academic computing center.

**Marja J.Verhoef**, PhD is a Professor in the Department of Community Health Sciences at the University of Calgary. She received a PhD in epidemiology from the University of Calgary. She holds a Canada Research Chair in Complementary Medicine. Her research focuses on a wide range of factors related to complementary and alternative medicine (determinants of use, decision making, communication, information needs, meaning and importance of evidence and integration of CAM in conventional medicine). She is very interested in developing appropriate methodological approaches to evaluate complementary and alternative therapies and approaches. She is the Founding Director of the Complementary and Alternative Medicine Education and Research Network of Alberta, is Co-Chair of the Canadian Interdisciplinary Network for CAM Research and was the first President of the International Society of Complementary Medicine Research.

**Dr Natalie Walker** [PhD (Medicine), DPH, MSc, BSc (Hons), BSc], has over ten years experience working in the field of epidemiology and public health in New Zealand, particularly in the areas of cardiovascular disease and infectious disease. She has extensive experience in the design, conduct and analysis of large-scale, multi-centre, phase III clinical trials, community-based case-control studies, cross sectional studies, and large scale systematic reviews. Since 1995 she has been employed as an epidemiologist at the Clinical Trials Research Unit, School of Population Health, Auckland University, Auckland, New Zealand. ([www.ctru.auckland.ac.nz](http://www.ctru.auckland.ac.nz)) Natalie's research interests include cardiovascular epidemiology, smoking cessation research, the use of novel technology in disease prevention, and research into the efficacy and safety of complementary and alternative medicine (CAM). Natalie is currently involved in a number of CAM-related studies, including a Cochrane Systematic Review on honey dressings for wounds, and the HALT Trial – a randomised controlled clinical trial to test the effect of manuka honey on leg ulcer healing.

**Hitoshi Yamashita**, PhD, LAc current positions are as follows, Instructor of Acupuncture at the Center for Integrative Medicine, Tsukuba University of Technology. Adjunct lecturer of Integrative Medicine at the Graduate School of Medicine, Gunma University. Chairman of Committee for Safe Acupuncture for The Japan Society of Acupuncture and Moxibustion. Member of the executive committee for the Japanese Association for Alternative, Complementary and Traditional Medicine (JACT). Member of the executive committee for the Japanese Society for Integrative Medicine (JIM). Editorial staff member for Kampo, Acupuncture and Integrative Medicine (KAIM).



## International Society for Complementary Medicine Research

The International Society for Complementary Medicine Research (ISCMR) is an international scientific organization of researchers, practitioners and policy makers that foster Complementary and Integrative Medicine research and provides a platform for knowledge and information exchange to enhance international communication and collaboration.

### GOALS

- Facilitate communication and collaboration among researchers and practitioners with an interest in research on a worldwide basis.
- Provide access to Complementary Medicine research information (internationally relevant events, conferences, publications, funding).
- Provide access to an international database of ISCMR members.
- Provide reduced Journal subscription rates and international meeting registration fees.
- Collaborate with individual researchers (or teams), regional societies, professional organizations and research networks to further mutual goals related to research and development agendas.
- Organize an annual Complementary Medicine Research meeting.

### MEMBERSHIP BENEFITS

- Discounted subscription rates for a range of journals
- Website
- Membership Database
- Interest Groups and ISCMR Research Projects
- Quarterly ISCMR Newsletters and Regular Newsflashes

### MEMBERSHIP CATEGORIES AND FEES (USD)

- Practitioner/Professional \$80
- Students/Postdoctoral/Fellows \$40
- Emeritus/Retired \$40
- Low Income \$25
- Sustaining \$150, \$200, \$500, \$1000

To become a member,  
please visit our website  
[www.iscmr.org](http://www.iscmr.org)  
for membership  
registration information.

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